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ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/775,393
Filing Date	2/9/04
First Named Inventor	Stephanie Western
Art Unit	3742
Examiner Name	Joseph Pelham
Attorney Docket Number	006973.P001

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	J. Carl Cooper REG. 34,568				
Address	73 Shoreline Circle				
City	Incline Village	State	Nevada	Zip	89451
Country	USA				
Telephone	(775) 831-6123	Fax	(775) 831-5305		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

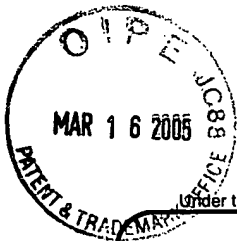
Signature			
Name	Stephanie Western		
Date	03/02/05	Telephone	(831) 475-1854

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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**POWER OF ATTORNEY
and
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INDICATION FORM**

Application Number	10/775,593
Filing Date	2/9/04
First Named Inventor	Stephanie Western
Title	Warm wipes to go
Art Unit	3742
Examiner Name	Joseph Pelham
Attorney Docket Number	006973.P001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
J.Carl Cooper	34,568

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	J.Carl Cooper				
Address	73 Shoreline Circle				
City	Incline Village	State	Nevada	Zip	89451
Country	USA				
Telephone	(775) 831-6123	Fax	(775) 831-5305		

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Stephanie Western</i>	Date	3/2/05
Name	Stephanie Western	Telephone	(831) 475-1854
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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